

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014619

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 74 Primary Registration District No. 5397 Registrar's No. 30

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAY 14 1962

## 1. PLACE OF DEATH

a. COUNTY

Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jackson Township

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

3 Mi. N.E. of Holt Mo

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☒

c. CITY

OR

TOWN

Independence

d. STREET

(If outside, give location)

203 South Willis

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ammon

Walter

Budd

4. DATE  
OF  
DEATH

Month

Day

Year

5 - 5 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9/30/1903

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Freight Claim Clerk

10b. KIND OF BUSINESS OR INDUSTRY

K.C. Southern R.R. Eldorado Springs

USA

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

James Calvin Budd

13b. MOTHER'S MAIDEN NAME

Jennie Young

14. NAME OF HUSBAND OR WIFE

Loucile Forman Budd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W. 11

16. SOCIAL SECURITY NO.

17. INFORMANT

1821 Home

Charles Budd Independence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cornory Occlusion

INTERVAL BETWEEN ONSET AND DEATH

5 Min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Clinton

County Coroner

22b. ADDRESS

Cameron, Missouri

22c. DATE SIGNED

5/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/5/62

23c. NAME OF CEMETERY OR CREMATORY

Mound Grove Cemetery

23d. LOCATION (City, town, or county)

Independence Missouri

24. FUNERAL DIRECTOR

Speaks Funeral Home

ADDRESS

Independence Missouri

25. DATE RECD. BY LOCAL REG.

5-6-1962

26. REGISTRAR'S SIGNATURE

Mary W. Seearce

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6250

27005

3

4 0

5 3

6

7 0

8 2

9 4201

10

11

12 91-3

13 1-0

JUL 31 1962

MAY 15 1962

MAY 17 1962

JUL 8 1963

NOV 8 1962

SEP 4 1963

JAN 22 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.